PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/538,769			ing Date 04/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
_	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	_	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	.,,	1	N/A	,,,	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =				x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 ional 50 s	ings exceed 100 tion size fee due y) for each on thereof. See 7 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAI									ER THAN ALL ENTITY			
AMENDMENT	04/21/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	• 17	Minus	·· 22	= 0	1	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))								П			
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))		Minus		=	1	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	**	-]	x \$ =		OR	x s =		
딦	Application Size Fee (37 CFR 1.16(s))]]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is isses than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially is governed by \$8 USE. of 122 and \$3 CFR 1.14. This collection is estimated to be 122 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer. US. Fatential and Trademark Office, U.S. Department of Communos, D.O. Box 1450, Aboxandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.